

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 41210

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 565	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Minden Mines		0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Michael		b. (Middle)		c. (Last) Cignetti		4. DATE OF DEATH (Month) (Day) (Year) Dec. 12 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 28, 1889		9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wash		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rich Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Cignetti		13b. MOTHER'S MAIDEN NAME Josephine Lango		14. NAME OF HUSBAND OR WIFE Elizabeth Cignetti			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Cignetti, Minden Mines			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420 2)				INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 15, 1950, to Dec 12, 1950, that I last saw the deceased alive on Dec. 12, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Person or title) John W. Kozlinski MD		23b. ADDRESS Frisco Bldg, Joplin Mo		23c. DATE SIGNED 12/14/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12-15-50		24c. NAME OF CEMETERY OR CREMATORY Frontenac		24d. LOCATION (City, town, or county) (State) Frontenac Kan	
DATE REC'D BY LOCAL REG. 12-14-50		REGISTRAR'S SIGNATURE [Signature] 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin Mo.			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-26-50

Jasper County Health Office

County File Number 50/12/895

Date Filed 12-26-50

JUN 28 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 2319

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.